2008 NOT-FOR-PROFIT CORPORATION -- ANNUAL REPORT (AR)

Feb 11, 2008 8:00 am DOCUMENT # N01000000888 **Secretary of State** 1. Entity Name 02-11-2008 90061 022 ****61.25 TERRACE IV AT HERITAGE COVE ASSOCIATION, INC. Principal Place of Business Mailing Address 12734 KENWOOD LANE 12734 KENWOOD LANE **STE 49** FORT MYERS FL 33907 FORT MYERS FL 33907 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 65-1083129 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TROPICAL ISLES MGMT TROPICAL SALES MNGT Street Address (P.O. Box Number is Not Acceptable) 12734 KENWOOD LANE **STE 49** KENWOOD LANE SUITE FORT MYERS FL 33907 8. The above named entity submitts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agen Wecchis Joe Devechis/ 1-30-08 SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to . Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 PD THILE TITLE ☐ Delete DIANE KAYE, DIANE NAME 74091 BRANT POINT CIRCLE # 416 NAME 14091 BRANDT POINT CIR 416 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33919 FORT MYERS FL 33919 CITY-ST-ZIP CITY-ST-7!P TOTLE ☐ Delate TITLE Change ☐ Addition PELKOWSKI, BERNARD NAME NAME 14091 BRANT POINT CIR 436 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33919 CITY-ST-7IP CITY-ST-ZP TSD TITLE ☐ Delete TITLE Change _ Change _ Addition NAME HEUER, LEROY NAME 14091 BRANT PT CIR, #428 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33919 CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ACORESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DIANE KAYE 3/4/08

FILED